| Under the Paperwork Reduction Act of 1895, no persone are required to respond to a collection of information under the PATENT APPLICATION FEE DETERMINATION RECORD  Substitute for Form PTO-875  |                               |                          |  |                  | Application or Dookel Number |                            |                 | rer.            |
|--|-------------------------------|--------------------------|--|------------------|------------------------------|----------------------------|-----------------|-----------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |                               |                          |  | ENTITY           | OR                           | OTHER THAN<br>SMALL ENTITY |                 | 1               |
| . FOR<br>BASIC FEE   | NUMBER FILED                  | NUMBER EXTRA             | RATE   |                  |                              |                            | TE ENTITY       | 4               |
| (97 CFR 1.18(a)).  |                               |                          | 1  | FEE              |                              | RATE                       | FEE             | ╛               |
| TOTAL CLAIMS<br>(37 CFR 1.16(c))   | ninus 20 =                    |                          | ┨ ┠───   | <del>  •==</del> | OR                           | L                          | 5               |                 |
| HEDEPENDENT CLAIMS<br>(37 CFR 1.18(b))   |                               | <u> </u>                 | X 1  |                  | OR                           | X 5                        |                 | 7               |
|  | . C surdm                     | . •                      | X3   | <u> </u>         | OR                           | × \$                       |                 | 7               |
| MUCTIPIETAL NDENT CL   | AM PRESENT (37 OF             | R 1.16(d))               | +8=  |                  | OR .                         | +:                         | 1               | ╣.              |
| tn column  | 1 is less than zero, enter 10 | in column 2.             | TOTAL  |                  | •                            |                            |                 | 4               |
| Z//AL ZÉLAIM   | S AS AMENDED - PA             | RT II                    |  |                  | OR                           | TOTAL                      | Ļ               | _[              |
| -1104  |                               | W. ( 1)                  | •  |                  | •                            |                            | •               | F               |
|  | 1 4 4 4 4 4 4                 | olumn 2) (Column 3).     | SMALL E  | NTITY            | OR                           | OTHE                       | R THAN .        |                 |
| ~;   DE  | MAINING NE                    | SHEST<br>IMBER PRESENT   | RATE   | ADDI-            | [                            |                            | ENTITY          | -{              |
| Total 10   |                               | VIOUSLY EXTRA            |  | TIONAL           |                              | RATE                       | ADDI-<br>TIONAL |                 |
| The state of the s | Minus                         |                          | 25   | 1.66             | ŀ                            | 50                         | FEE             | ł               |
| Lindependent (27 CPA 1,16(b))  | Minus ***                     | 7                        | x : 100 =  |                  | <del>00</del> -              |                            | ===             | <del> -</del> - |
| FIRST PRESEN   |                               | /M (37 CFR 1.18(d))      | 1.15   | ———              | OR                           | × • 200±                   |                 | 1               |
| 1. 00  | 01-                           |                          | TOTAL  | <del></del>      | -                            | + 8=                       | ,               |                 |
| 1/2  | -09                           |                          | ADD'L FEE  |                  |                              | TOTAL<br>ADDL FEE          |                 | ŀ               |
| n a  | AIMS HIG                      | (Cotumn 3)               | ·  |                  |                              |                            |                 |                 |
| - 1 DEM  | TER PREVI                     | ABER PRESENT OUSLY EXTRA | RATE   | ADDI.<br>TIONAL  | . Г.                         | RATE                       | ADOI:           | ł               |
| Total  Total  Or OPM 1.18(s)  Independent (Or OFR 1.18(s)  | DMENT PAID                    | FOR                      |  | FEE              |                              | · · · · ·                  | TIONAL<br>FEE   |                 |
| Independent (Dr CFR 1.1803)  | 2 Minus                       | 6                        | x 3 /  |                  | R X                          | . /                        |                 |                 |
| <u> </u>   |                               |                          | x s  | 。                | R X                          | 1                          |                 |                 |
| FIRST PRESENTATION OF  | MULTIPLE DEPENDENT CLAIR      | ( (37 CFR 1,16(வு)       | +,   |                  |                              | 7                          | <del></del> -   |                 |
|  | 2-10                          | $\sqrt{7}$               | TOTAL<br>ADDY FEE                                |                  | 7                            | OTAL                       |                 |                 |
| (Colum   | an 1) . O Geolu               | mn2) (Golumn 3)          |  | o                | · / AC                       | DOLFEE                     |                 | ٠               |
| . CLA<br>REMA  | MS HIGH                       | EST                      | <u> </u>   |                  | <b>ر</b>                     | <del>-,,</del>             |                 |                 |
| AFT<br>AMEND   | ER PREVIO                     | USLY EXTRA               | j   1  | ADDI<br>IONAL    | ŀ                            | RATE                       | ADOL            |                 |
| Total *  | Minus ~ Z/                    | 10:                      | <del>                                     </del> | FEE ·            | -                            |                            | TIONAL<br>FEE   |                 |
| Independent (3) CFR 1,16(b)  | Minus                         | 71.                      | × \$=.   | OR               | X s                          |                            |                 |                 |
|  |                               |                          | x :=   | OR               | X S                          |                            | -               |                 |
| THE PROPERTY OF I  | VLTIPLE DEPENDENT CLAIM       | (37 CFR.1.16(d))         | +3   | OR               | ١.,                          |                            |                 | •               |
| •  | less than the entry in column |                          | ADDL FEE   | OR               | TO                           | AL                         |                 |                 |

This colection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the puber which is to title (and by the USPIO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is ectionated to u.b. 12 infinites to complete heating gathering, preparing, and submitting the completed application form to the USPIO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form aud/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent ADDRESS, SERIO TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS